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UNION OF SOVIET SOCIALIST REPUBLICS.SCIENTIFIC/POLITICALMedicine and Health in the Soviet Union (II)

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The Field Surgeons' Organization.

1. Because of the huge distances in Soviet Russia and the constant moves of whole sections of the population the number of doctors is insufficient and, with a system like that described above, never can be adequate.
A medical organization has thus been built up which, to a large extent, makes use of the services of half-trained personnel: the field surgeons (Feldschere). This service is organized on military lines and most of its members are lieutenants and senior lieutenants; they are paid even less than Soviet doctors. The standard of training, having regard to the responsibilities involved, is totally inadequate. All collective farms and villages have a field surgeon.*
2. The field surgeons undergo their training at special schools, like the doctors, in the form of courses. They learn a little anatomy and physiology, bandaging, asepsis, some hygiene and a modest amount about diagnosis and treatment.
3. In almost all prison camps a field surgeon lieutenant holds the position of health officer. He is forced, of course, to defer in matters of medical treatment to the prison doctors. His duties, however, include responsibility for cleanliness, diet and hygiene and he is, over and above this, responsible for the prisoners' sickness certificates, which give him a means of bringing improper influence to bear.

* If the field surgeons were responsible for nothing beyond first aid it would be better for their patients; but the distance from the nearest qualified doctor or from the nearest hospital are so great that this is not the case and much avoidable ill-health results.

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4. The prison doctors live under the permanent supervision of such an official and are caught between two fires. If they certify a prisoner as unfit for work, according to the dictates of their medical knowledge and conscience, they must count on having trouble with the field surgeon lieutenant. If they make their patients go to work, often against their knowledge and conscience, they harm the prisoners and come into disrepute with them, and run the risk that, if the patient then dies at his work, the responsibility will once more fall on the doctor. Withal he must work with the minimum of instruments and drugs and proper treatment is out of the question. *

5. The field surgeons are quite uninterested in medical treatment and in the continuation of their own studies and it is uncommon for a health officer to work more than one hour a day. Every quarter he must make a detailed report. This, because the health officer does not want any trouble, is invariably false and gives the impression that the state of health in the camp is satisfactory. The field surgeons try to avoid bad cases of accidental death occurring in the camp and sick people, even those with chronic illnesses such as heart disease, are brought at the last minute into hospital. If the patient dies within the hospital - and this often takes place on the day of admission or the day after admission - the field surgeon is no longer responsible.

* [redacted] the clinics and sick bays with a few beds in the camps were intended merely as a symbolical gesture to show that some sort of health service was available for the prisoners.

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6. The few drugs and bandages which the field surgeon receives, he gets from the stores intended for the prison doctors and uses them for his own "spare time" activities among the civil population: this represents his secondary source of income. The field surgeon is also responsible for caring for the general health of the free population of the camp. He makes visits to different households and maintains a small medical centre for the guards and the civil population. Normally no member of the civil population goes to him for treatment except if he wants a certificate of unfitness for work, a leave certificate or permission to visit a specialist. Permission for the civil population to go to hospital, to the specialist and also the certificates of unfitness for work are dealt with comparatively generously because the field surgeon is thus able to avoid work and responsibility. In spite of this there is always a great number of avoidable accidents.

7. In the most severe years of the labour camp regime the number of prisoners with shot wounds inflicted by the camp guards was quite considerable and there were also accidents in the woods and in the workshops where the prisoners were doing their compulsory labour. These latter injuries were caused by lack of adequate factory and labour regulations, and the general responsibility for the high accident rate lay with the inefficiency and indifference of the field surgeon who failed to have the casualties brought into the hospitals in time.

8. A permanent responsibility of the field surgeon is the control of diet not only in quantity, but also quality. If he does his duty the amount of food can be comparatively ample and if he looks after the kitchen properly the preparation is also often reasonable. For European tastes the diet is, of course, primitive and monotonous, but usually sufficient if only for the reason that the Soviet administration

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knows that if it does not feed its prisoners properly it cannot expect the same output of work from them. It is nevertheless the case that the field surgeon gets his food supplies for his own private needs and those of his family from the kitchen and he is thus bound to select his own kitchen personnel. If the head cook does not serve him as he requires he will have him replaced by someone more pliant on the grounds that the former was unhygienic in his methods. Everyone knows this and no one can do anything about it because all these activities take place in clandestine circumstances.

9. Most cases of death in the camps, in so far as they do not involve sudden deaths, occur because the field surgeons do not arrange admission to hospital in time. This is caused by the fact that the field surgeon himself lives under permanent control from above and if he issues more permits than the statistical average for the period he can be certain that he will hear about it from the authorities and will get into difficulties himself.

10. The improper issue of permits can also take place when the camp authorities use the field surgeons to get rid of undesirable and troublesome elements in the camps by having them certified for hospital. The hospital can protect itself from the admission of such a patient only by giving him a most thorough two- or three-day examination which will prove that there is nothing wrong and allow a report to be made. The authorities then in theory draw the costs of the hospital examination including rail fares etc. from the salary of the field surgeon. In practice, however, no hospital except in very special exceptional cases acts in this way because to do so would be to provoke a chain of undesirable actions by the controlling authorities, which would not only be directed against the field surgeon but also possibly against the hospital itself. For this reason there are always in the camp

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hospitals - and in free hospitals the picture is similar - a number of people who do not require hospital treatment but are held in hospital because no one wants to get into trouble by trying to get rid of them.

10. The most tragic circumstance is that the transport organisation faces insuperable difficulties because of the enormous distances between hospitals. It is true that on all scheduled trains there is a hospital car with the necessary equipment but in the first place this hospital car runs very unpunctually, in no case daily, and in the second place it is too overcrowded. It can happen that a patient is driven miles to the railway in weather 40° below zero centigrade and will then not be taken on the train that day. He must be taken back to the camp to await the journey in the sanatorium either on the next day or the next day but one. * (i) The officer responsible in such a hospital car is also a field surgeon. His first duty is to take in only as many patients as are booked for the hospital car. Once this number is reached he takes no more, and what happens to the patients is a matter of complete indifference to him. If this situation is serious as far as internal illnesses are concerned it is catastrophic in acute surgical cases, as for example fractures, shot wounds, acute appendicitis, or abdominal cases such as intestinal stoppages. * (ii).

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11. It should be stated that in general the situation in regard to field surgeons and their activities is better in European Russia than in Siberia and the general area east of the Urals, where it is exceptionally bad. Nevertheless even in the great cities of Russia the general standard of doctors, field surgeons and material is lower than in western countries.

12. In the field surgeons' organisation as in the other health organisations of Soviet Russia 70% of the personnel are women. The reason for the employment of such a number of field surgeons in the huge areas of the U.S.S.R. appears to be that there are not enough qualified doctors available. Certainly the number of doctors is considerably greater, in proportion to the population, than in European states. The monthly paper published by the Health Ministry, "The Medical Worker", ^{Pub - USSR} talks of 400,000 qualified doctors for 200 million inhabitants. This indicates a statistical proportion of one doctor to 500 inhabitants. (i)

13. Apart from the fact that the costs of the medical service would be considerably increased if in the course of time sufficient doctors are trained (for doctors could not be so ill-paid as field surgeons)

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* (i)

these figures are not correct.

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[redacted] there would probably be a serious crisis in medical recruitment.

Only a few would be found prepared to study medicine and to take on the long and arduous training of a doctor if at the end of it all they would have to spend their entire lives in some subordinate position on a collective farm. As a result it is not difficult to understand that the intelligence level of these field surgeons is not greater. An overwhelming percentage cannot write grammatically or speak the Russian language well and in the camps the reports which the field surgeons have to make are produced by intelligent prisoners, often Jews, who maintain themselves by this means.

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14. Yet another consequence of the field surgeons system should be mentioned. A number of intelligent prisoners make out that they have a field surgeon's training. To demand diplomas from these people is impossible because of the great distances. These people usually begin by doing the duties of medical orderly with a doctor. After a year or two when they have learned what is necessary they try - and invariably succeed - to get transferred to another camp where no one knows them. There they make themselves out to be field surgeons and carry on medical practice. The very clever ones who have done this service for a number of years and perhaps have studied several medical books then give themselves out at their newest posting as doctors and are so employed.

15. The opinion of the population on field surgeons is naturally bad - which is not to be wondered at - but because of the great distances they are obliged to go on consulting them.

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